



**MILWAUKEE COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Delinquency and Court Services Division**  
**Disabilities Services Division**  
**Housing Division**

**YEAR 2016**  
**REQUEST FOR PROPOSAL**  
**PURCHASE OF SERVICE GUIDELINES**  
***Technical Requirements***

**Issued July 13, 2015**  
**Proposal due 4:00 PM CDT, September 8, 2015**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Milwaukee County

July, 2015

To: Community Agencies, Organizations and Interested Parties

The Milwaukee County Department of Health and Human Services (DHHS) invites community agencies, organizations and interested parties to participate in the RFP process by submitting proposals for human services programs to be purchased in the year 2016. The Department welcomes new prospective vendors to participate in this RFP process.

Proposal materials (*Program Requirements/Descriptions* and *Technical Requirements*) will be available for download in electronic format beginning **Monday, July 20, 2015** from:

[http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

One (1) question and answer session (pre-Proposal conference) will be held to discuss the proposal guidelines. In addition, a Technical Assistance Session has also been scheduled to assist proposers in completing proposals.

All proposals for funding in response to this RFP must be received by the Department of Health and Human Services no later than 4:00 p.m. CDT on **Tuesday September 8, 2015**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

**Proposals may be mailed or delivered to:**

**Marcia P. Coggs Human Services Center  
Attention: Dennis Buesing  
1220 West Vliet Street  
Room 304  
Milwaukee, WI 53205**

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,

A handwritten signature in black ink, appearing to read "Héctor Colón".

Héctor Colón  
Director  
Milwaukee County Department of Health and Human Services

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**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 1:**

**INTRODUCTION**

# **INFORMATION SUMMARY SHEET**

RFP Issuing Office: Milwaukee County – Department of Health and Human Services  
RFP Issue Date: July 20, 2015 RFP Number: DHHS01

## **Information Contacts:**

Submit formal questions to both: [dennis.buesing@milwaukeecountywi.gov](mailto:dennis.buesing@milwaukeecountywi.gov) AND  
[dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov)

Formal Questions will be addressed at the Information Sessions and will be posted online.

For Questions about Technical Section Forms and Requirements:

Jane Alexopoulos, Contract Administration, (414) 289-5896  
Theresa Randall, Delinquency and Court Services Division, (414) 257-6869  
Sumanish Kalia, CPA, Contract Administration (414) 289-6757

For Questions about Program Descriptions and Expectations:

Darsell Johns, Disabilities (Children's Services), (414) 289-6312  
Cleopatra Echols, Disabilities (Other Programs), (414) 289-6420  
Kelly Pethke, Delinquency and Court Services Division, (414) 257-6619  
Stacey Bielski, Housing Division, (414) 278-4386

For Questions about the Budget Spreadsheet and Fiscal Requirements:

Sumanish Kalia, Contract Administration (414) 289-6757

## **Dates and Location of Informational Meeting and Technical Session:**

**Informational Meeting  
Tuesday, August 11, 2015**

**9:00 – 10:30 a.m.  
Coggs Center Room 104  
1220 W. Vliet Street  
Milwaukee, WI 53205**

**Technical Assistance Session  
Tuesday, August 18, 2015**

**2:30 – 4:00 pm.  
Coggs Center Room 104  
1220 W. Vliet Street  
Milwaukee, WI 53205**

Deadline for Receipt of Informational Meeting Questions: August 6, 2015 at 5:00 P.M.

Written Q & A Posted to Website: August 20, 2015

RFP Proposal Receipt Deadline: **Tuesday September 8, 2015, 4 p.m. CDT**

RFP Submission Location: Milwaukee County  
Department of Health and Human Services  
1220 W. Vliet St.  
Room 304  
Milwaukee, WI 53205

RFP Contact/Administrator:  
Mr. Dennis Buesing, Contract Administrator  
Department of Health and Human Services  
1220 W. Vliet St.  
Room 304  
Milwaukee, WI 53205  
Tel: (414) 289-5853  
E-mail: **dennis.buesing@milwaukeecountywi.gov**

Proposal, Q&A and Addenda Posting Site: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

Corrections posted at: <http://county.milwaukee.gov/Corrections22671.htm>

Notice of this RFP is also posted on Milwaukee County's website; "Business Opportunity Portal:"

<http://county.milwaukee.gov/bop>

## 1. INTRODUCTION

Welcome to the Year 2016 Request for Proposal (RFP) process. The Technical Requirements set forth in these guidelines apply to proposals submitted for funding programs under the Department of Health and Human Services (DHHS) Behavioral Health, Delinquency and Court Services, Disabilities Services, and Housing Divisions. The programs for purchase are described in the *Year 2016 Purchase of Service Guidelines: Program Requirements/Descriptions*.

The DHHS RFP process begins with the emailing of an "Interested Parties" letter to all current contractors and interested parties on the DHHS mailing list maintained by Contract Administration, and the publication of media announcements in the Milwaukee Journal-Sentinel newspaper. The "Interested Parties" letter is also posted on the County Business Opportunities Portal.

Proposals will be accepted only for the programs described as accepting proposals in the separately-published *Year 2016 Purchase of Service Guidelines: Program Requirements/Descriptions*. This year Program Requirements are issued separately by DHHS Division. This RFP *Technical Requirements* document is organized into Six (6) sections plus appendices. Instructions and forms are included in most sections; In addition, there are forms and other information in each separately-published *Program Requirements/Descriptions* document. These documents, as well as budget forms (Excel format) can all be found on the Contract Administration web page at:

[http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

**Updates and revisions to this and other RFP related publications will occur through the proposal deadline, and can be viewed at:**

<http://www.county.milwaukee.gov/Corrections22671.htm>

**This site should be checked frequently, as it is the responsibility of the Proposer to respond to all requirements as they appear in the posted revisions.**

***ALL PROPOSALS WILL BE REVIEWED AND SCORED AS DESCRIBED IN THE "OVERVIEW OF PROPOSAL REVIEW PROCESS" FOUND IN SECTION 4 OF THE TECHNICAL REQUIREMENTS unless evaluation criteria is identified with the separate Program Description.***

**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 2:  
RFP INFORMATION**



## 2. RFP INFORMATION

The Manager for this RFP is Mr. Dennis Buesing, Contract Administrator.

**Address:**

Dennis Buesing, Contract Administrator  
Milwaukee County Department of Health and Human Services  
1220 W Vliet Street, Ste 301  
Milwaukee, WI 53205  
Tel. 414-289-5853  
Fax. 414-289-5874  
Email: dennis.buesing@milwaukeecountywi.gov

## INQUIRIES, QUESTIONS AND RFP ADDENDA

For contacts for technical, program or budget questions, see the Information Summary Sheet. Proposers may submit written questions via email which will be discussed at the informational sessions and posted online. **All emailed questions must cite the appropriate RFP section and page number.**

It is the intent of DHHS that these questions will be answered and posted on: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids) on or before **August 14, 2015**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Dennis Buesing or other persons mentioned as contacts in the Information Summary Sheet on any matter related to the proposal, the proposer may be disqualified.

Proposers are expected to raise any questions, noted errors, discrepancies, ambiguities, exceptions, additions or deficiencies they have concerning this proposal in writing through e-mail on or before August 3, 2015. In addition, any deviations, exceptions or objections to RFP Guidelines and requirements must be noted on "Statement of Deviations and Exceptions" (*see Appendices*) and accompany the written proposal by the proposal due date. DHHS reserves the right to waive any or all deviations and exceptions, or reject proposed deviations and exceptions and deem the Proposer's proposal to be nonresponsive.

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this proposal after the above date, they shall immediately notify the above named individual of such error and request modification or clarification of the proposal document before the proposal due date.

If the proposer fails to notify DHHS prior to the proposal due date of any condition stated above that reasonably should have been known to the proposer, and if a contract is awarded to that proposer, the proposer shall not be entitled to additional compensation or time by reason of the error or its correction.

Revisions to this proposal request will be made in the form of an official written addendum issued by Milwaukee County DHHS. Proposers may attach additional relevant information to their proposal response. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website at:

<http://www.county.milwaukee.gov/Corrections22671.htm>. **Proposers must check the website for posted addenda; they are encouraged to check daily.**

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

## **PROPOSER CONFERENCES**

Two (2) question and answer sessions (Pre-proposal conferences) will be held to discuss the proposal guidelines, respond to written questions and to provide any additional instructions to proposers on submission of proposals. In addition, a Technical Assistance Session has also been scheduled to assist proposers in completing proposals budgets, forms and any other submission requirements. The meetings have been scheduled as listed on the Information Summary Sheet.

## **REASONABLE ACCOMMODATIONS**

Upon request, DHHS will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. If the Proposer needs accommodations, please contact the RFP Manager.

## **ESTIMATED TIMETABLE FOR RFP**

The key RFP dates are outlined in the Information Summary Sheet. In the event that DHHS finds it necessary to change any of the specific dates and times in the calendar of events, it will do so by issuing an addendum to this RFP **which will be posted at:** <http://www.county.milwaukee.gov/Corrections22671.htm>

## **CONTRACT TERM AND FUNDING**

The County as represented by DHHS intends to use the results of this Request for Proposal (RFP) to award Purchase of Service Contracts as listed in the separate

*Program Requirements/Descriptions* documents of this RFP. The DHHS reserves the right to award multiple contracts for each program in this RFP. Programs awarded contract allocations under this RFP are to be renewed annually upon review of contract compliance, for up to a three-year period (initial contract and up to two continuation funding cycles). Funds have been earmarked in advance to be allocated among the Programs of this RFP. All proposals within a program area will receive equal consideration in the review of proposals and the award of contracts.

The initial contract cycle is estimated at 12 months (January 1, 2016 – December 31, 2016). Start date is contingent on successful conclusion of contract negotiations. The continuation funding cycles will be 12 month cycles on the County fiscal year (January 1 – December 31).

The Milwaukee County Department of Health and Human Services (DHHS) should be recognized as the program funding source in all print materials (i.e. brochures, flyer, posters, etc.), newsletters and press releases that are distributed by the Contractor as advertisement/announcement of the program. However, the Milwaukee County logo cannot be used on any printed materials the Contractor distributes without the prior review and approval of DHHS.

Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.

## **PREPARING AND SUBMITTING PROPOSALS**

The evaluation and selection of contractors will be based on the information submitted in the proposal plus references, if applicable (such as called for in the Experience Assessment for New Proposer Agency, Items # 25c and 25d, or in individual program descriptions). Proposers should respond clearly and completely to all requirements. Failure to respond to each of the requirements in the RFP may be the basis for rejecting a proposal.

Elaborate proposals (e.g. expensive artwork), beyond that sufficient to present a complete and effective proposal, are not necessary or desired.

All proposals for funding **must be received** by the DHHS no later than the date and time specified in the Information Summary Sheet. Proposals will be time-stamped upon delivery and late proposals will be rejected.

All proposals must be typed using the format and the forms presented in this booklet, or the DHHS website. All pages are to be numbered (hand-numbering is acceptable), with each requested item on a separate page. Proposals do not need to be submitted in

binders, however each copy should be secured with a binder clip or other securement (please avoid using rubber bands to secure individual copies).

**WITH RARE EXCEPTION, ALL SUBMISSION REQUIREMENTS APPLY TO ALL PROGRAMS.** If there is any question about the applicability of a particular submission item, contact the Technical Requirements contact person affiliated with the Division with which you are applying. In the case an item is determined **not** to be applicable, include a separate page in the appropriate place indicating this is the case and with whom you spoke. If a separate page is **not** included with this information and the item is **not** submitted with the proposal, it will be considered an omission. Points will be deducted during the proposal scoring process for all omissions, and depending upon which items are missing, the entire proposal may be removed from consideration.

Proposers applying for **programs up for competitive, panel review**, should submit **all of the following**:

1. On Paper: - One complete original copy (Technical Section Proposal Forms, and original Program Proposal, each as separate documents – Excel Budget printouts are not required))
  - Five copies of the Program Proposal only

Paper submittals must be on three-hole punched paper for each program within each division (Delinquency and Court Services, Disabilities Services, and Housing) for which funding is requested.

2. By Email: - The completed Excel Budget Spreadsheet and Staffing Roster (Excel format) must be emailed by the submittal deadline to:  
[dhsca@milwaukeecountywi.gov](mailto:dhsca@milwaukeecountywi.gov)
3. By USB Drive - a copy of the Technical Section Proposal Forms (Word or PDF format), Excel Budget Spreadsheet, Staffing Roster (Excel format) and Program Proposal (PDF or Word) must be delivered by the submittal deadline on a USB drive along with the paper copies

**A list of programs up for competitive, panel review can be found in the introduction to each *Program Requirements/Descriptions* document.**

For Contractors in a multi-year contract cycle or sole-sourced contracts/programs which do not require a competitive, panel review, **one original plus one copy** of the requested items must be submitted on three-hole punched paper for each program within each division (Delinquency and Court Services, Disabilities Services, and Housing) for which funding is requested. In addition, the proposal items in Word or PDF formats and the Excel Budget Spreadsheet and Staffing Roster (Excel format) are to be delivered on a USB drive along with the paper copies. Finally, the Excel Budget

Spreadsheet and Staffing Roster (Excel format) are to be emailed by the submittal deadline to: [dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov)

**Please note that contractors who are currently in a multi-year contract cycle have different submission requirements. These requirements are detailed in a separate “Proposal Contents” table in Section 4 of this document.**

## **MODIFICATION OF PROPOSAL**

A Proposal is irrevocable until the Contract is awarded, unless the Proposal is withdrawn. Proposers may withdraw a Proposal in writing at any time up to the Proposal due date and time.

To accomplish this, a written request must be signed by an authorized representative of the Proposer and submitted to the RFP Manager. If a previously submitted Proposal is withdrawn before the Proposal due date and time, the Proposer may submit another at any time up to the due date and time.

## **INCURRING COSTS**

Neither Milwaukee County nor its Authorized Representatives are responsible for expenses incurred by a Proposer to develop and submit its Proposal. The Proposer is entirely responsible for any costs incurred during the RFP process, including site visits for discussions, face to face interviews, presentations or negotiations of the Contract.

## **RENEWAL/DATES OF PERFORMANCE**

Contractor shall begin work on January 1, 2016, subject to conclusion of successful contract negotiation and terminate December 31, 2016, unless the Contract is otherwise renewed or extended, or it is indicated otherwise in the *Program Requirements/Descriptions*.

DHHS shall have the option of extending any contract for two additional one-year periods under the same terms and conditions, and upon mutual consent of DHHS and the Contractor, for all proposals up for competitive bid in this RFP.

Obligations of DHHS shall cease immediately and without penalty or further payment being required, if in any fiscal year, DHHS, state, or federal funding sources fail to appropriate or otherwise make available adequate funds for any contract resulting from this RFP.

## **MISCELLANEOUS**

The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

**Living Wage:** Milwaukee County has a goal that all Purchase of Service contractors pay a Living Wage of no less than \$11.66 per hour (to be adjusted in 2016) to all full-time skilled and unskilled workers employed in any work performed as part of a Milwaukee County purchase contract. While not a requirement, payment of a living wage will be one of the criteria upon which Proposers shall be evaluated in the review and scoring of proposals.

**RFP Document:** Proposals submitted by an agency become the property of Milwaukee County at the point of submission. For agencies awarded a contract, the proposal material is placed in an agency master file that becomes part of the contract with DHHS. It will become public information, and will be subject to the open records law only after the procurement process is completed and a contract is fully executed. Prior to the conclusion of contract negotiations and the written Notification of Intent to Award a Contract, the proposal is considered a "draft" and is not subject to the open records law.

For agencies not awarded a contract, proposal material will be retained for a period of time as specified by County document retention policies.

## **PROPRIETARY INFORMATION:**

Any restriction on the use of data contained within a request must be clearly stated in the Proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the proposer's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of the Milwaukee County Department of Health and Human Services.

Any materials submitted by the proposer in response to this RFP that the Proposer considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (see *appendices*) Confidential information must be labeled as such. Costs (pricing) always becomes public information when Proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the Proposal submitted.

**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 3:  
PROPOSAL SELECTION AND AWARD PROCESS**

### 3. PROPOSAL SELECTION AND AWARD PROCESS

#### 3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager and/ or his representative to determine if 1) all “Technical Requirements” have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. In the event that none of the Proposals meet one or more of the specified requirements, the DHHS reserves the right to continue the review and scoring of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this RFP may be rejected by DHHS. DHHS may request reports on a Proposer’s financial stability and if financial stability is not substantiated, Milwaukee DHHS may reject a proposal. DHHS retains the right to accept or reject any or all proposals, or to accept or reject any part of a proposal if it is deemed to be in the best interest of DHHS. DHHS shall be the sole judge as to compliance with the instructions contained in this RFP.

#### REQUEST FOR PROPOSAL REVIEW AND SCORING:

Accepted Proposals will be reviewed and scored by the respective DHHS Departments. A panel of community experts, consumers and county staff will be composed to verify that the proposals meet all specified requirements. This verification may include requesting reports on the Proposer’s financial stability, conducting demonstrations of Proposer’s proposed products and/or services, and reviewing results of past awards to the Proposer by Milwaukee County or other funders. Accepted Proposals will be reviewed by a Review and Scoring Panel and scored against the stated criteria. **A Proposer may not contact any member of the review panel except at the RFP Manager’s direction.** A Proposer’s unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer’s Proposal. The panel may review references, request oral presentations and use the results in scoring the Proposals. However, DHHS reserves the right to make a final selection based solely upon review and scoring of the written Proposals should it find it to be in its best interest to do so.

Proposals are evaluated against the review and scoring criteria as indicated in Section 4, Part 3. Review Panel scores are presented to division administrator(s), who may, or may not recommend the highest scoring proposal(s), to the Milwaukee County Board of Supervisors, if Board approval is required by state statute,

Any contract with a value of at least \$100,000, but not more than \$300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if the County Board’s Finance, Personnel and Audit Committee does not vote to reject the contract within 14 days after the contract is signed or countersigned by the Milwaukee County Executive.



If the Board's Finance Committee votes to reject a contract described above, the contract may take effect only if the contract is approved by a vote of the County Board within 30 days after the Board's Finance Committee votes to reject the contract.

Any single contract, or group of contracts between the same parties which generally relate to the same transaction, with a value or aggregate value of more than \$300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if it is approved by a vote of the County Board.

The Milwaukee County Board of Supervisors may reject the department's recommendations and ask for an additional review and scoring of proposal(s), or require a reissuance of the RFP for the program(s) being recommended. The County Executive may veto, in part or in whole, the County Board's action.

The review and scoring panel will be the sole determiner of the points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. The Review Panel can ask for oral clarification to supplement written proposal, if it will assist review and scoring procedure.

In addition, the division administrator may convene a second panel to hear oral presentations from the highest-scoring proposers, based on the initial review and ranking of the proposals by the Review Panel based on the criteria outlined in the RFP. Administrators, and administrative staff may request additional oral presentation, clarification, or supporting materials from the Proposer outside of the scoring panel if it will assist administration in making a contract recommendation.

**The Proposer is responsible for any Proposal inaccuracies, including errors in the budget and any best and final offer (if applicable).** The DHHS reserves the right to waive RFP requirements or gain clarification from a Proposer, in the event that it is in the best interest of the DHHS to do so. DHHS may allow proposers to modify, or remove any deviations and exceptions, correct any errors, or submit any missing information, or gain clarification from a Proposer after the proposal due date if deemed to be in the best interest of DHHS, or DHHS may reject proposals with deviations and exceptions, or omissions and deem the Proposer's proposal to be nonresponsive.

The DHHS reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

### **3.2 REVIEW AND SCORING CRITERIA**

Proposals submitted in response to this RFP will be evaluated per the process and criteria detailed in Section 4, Part 3 of *Technical Requirements*.

### **3.3 RIGHT TO REJECT PROPOSALS**

**The DHHS reserves the right to reject any and all Proposals.** This RFP does not commit the DHHS to award a contract, or contracts.

### **3.4 NOTICE OF INTENT TO AWARD**

All Proposers who respond to this RFP will be notified in writing of the DHHS's intent to award a contract as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the DHHS.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to any proprietary information exclusion included in the proposal. Any such inspection will be conducted under the supervision of DHHS staff. Copies of proposals will be made available for inspection for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 4:00 p.m. at:

Milwaukee County Department of Health and Human Services  
Contract Administration  
1220 W Vliet Street, Suite 304  
Milwaukee, WI 53205

Proposers should schedule inspection reviews with Cleo Stewart, at 414-289-5980 to ensure that space and time are available for the review.

### **3.5. NEGOTIATE CONTRACT TERMS**

The DHHS reserves the right to negotiate the terms of the contract, including the award amount, evaluation processes, outcomes and performance benchmarks, authorized budget items, and specific programmatic goals, with the selected proposer(s) prior to entering into a contract. If contract negotiations cannot be concluded successfully with the selected proposer, the agency may negotiate a contract with another proposer at the respective division administrator's discretion.

### **3.6 PROTEST AND APPEALS PROCESS**

Only unsuccessful proposer(s) are allowed to file an appeal. Applicants can only protest or appeal a violation of the procedures outlined in these RFP instructions or in the selection process. Subjective interpretations by the reviewers and reviewers' judgements are not subject to protest or appeal. All appeals must be made in writing and must fully identify the procedural issue being contested. On demand by such appellant(s), DHHS may provide the summary score(s) of review and scoring panel, but in no case will the names of panel members be revealed.

A written appeal, fully documenting the basis for the appeal, must be made in writing. The appeal must be as specific as possible and should identify deviations from published criteria in the selection process or the procedures outlined in these RFP instructions that are alleged to have been violated.

The written appeal should be filed with Héctor Colón, Director, Department of Health and Human Services, 1220 W. Vliet St., Suite 301, Milwaukee, WI 53205, and received in his office no later than five (5) working days after the notice of intent to contract or non-funding is post-marked, or dated in notices provided via email. Late filing of the appeal will invalidate the protest.

The decision of the DHHS Director will be binding. For all divisions except BHD, a proposer may challenge the decision of the Director, per the process in Section 110 of the Milwaukee County Code of General Ordinances. DHHS may proceed to contract with the Proposer(s) selected even if an appeal is still pending if it is in the best interest of DHHS to do so.

**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 4:  
TECHNICAL REQUIREMENTS**

#### **4. TECHNICAL REQUIREMENTS**

These requirements are for submitting a proposal to DHHS. The DHHS reserves the right to add terms and conditions to the RFP as necessary.

This section contains mandatory requirements that Proposer(s) are required to provide or agree to at NO cost to DHHS. Proposers who cannot, or will not, meet all of these requirements may be disqualified on the grounds of noncompliance.

#### **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION**

By signing and submitting a proposal, the Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this RFP:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised RFP or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

#### **DEVIATIONS AND EXCEPTIONS**

Submission of a proposal shall be deemed as certification of compliance with all terms and conditions outlined in the RFP unless clearly stated otherwise in the attached "Statement of Deviations and Exceptions" (see *Appendices*). Any deviations, exceptions or objections to RFP Guidelines and requirements must be noted on "Statement of Deviations and Exceptions" (see *Appendices*) and accompany the written proposal by the proposal due date. DHHS reserves the right to waive any or all deviations and exceptions, or reject proposed deviations and exceptions and deem the Proposer's proposal to be nonresponsive.

Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully, on the attached "Statement of Deviations and Exceptions" (see *Appendices*) and attached to the Cover Letter (*item 1*). In the absence of such statement, the Proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the Proposers shall be held liable.

**SECTION 4, PART 1: AGENCY PROPOSAL**  
**INSTRUCTIONS and FORMS**

**2016 PURCHASE OF SERVICE PROPOSAL CONTENTS – I. INITIAL SUBMISSION**  
 This proposal contents sheet must be attached immediately after the proposal summary sheet  
 (item #1)

<u>Technical Requirements</u>		<u>Proposal</u>	
<u>Item #</u>		<u>Check each Item Included</u>	<u>Page # of Proposal</u>

**INTRODUCTION**

1	Cover Letter		
2	Proposal Summary Sheet		

**Part 1 – AGENCY PROPOSAL/FORMS**

3	Authorization To File		
4	Agency Description and Assurances		
5	Board Of Directors, Owners, Stockholders Demographic Summary		
6	Agency Owners/Stockholders/Officers		
7	Agency Organizational Chart		
9	Related Organization/Related Party Disclosure		
10	Employee Hours-Related Organization Disclosure		
11	Conflict Of Interest & Prohibited Practices Certification		
12	Equal Employment Opportunity Certificate		
13	Equal Opportunity Policy		
14	Audit Fraud Hotline		
15	Certification Statement Regarding Debarment And Suspension		
16	Additional Disclosures		
**	Disadvantaged Business Development Goals		

\*\* Informational only, no submittals required

**Part 2 – BUDGET AND OTHER FINANCIAL INFORMATION**

17	IRS Form 990 For Non-Profit Agencies		
18	Certified Audit/Board Approved Financial Statement		
19	<b>Electronic versions of:</b>		
	Form 1 (Program Volume Data)		
	Form 2 and 2A		
	Form 2B		
	Form 3 and 3S (Anticipated Program Expenses )		
	Form 4 and 4S (Anticipated Program Revenue)		
	Form 5 and 5A		
	Form 6-6H		

**Mandatory Sign-Off Forms**

DCPI	Designation of Confidential and Proprietary Information		
SDE	Statement of Deviations and Exceptions		

**Note: DCPI and SDE forms are mandatory**

Additional Forms are found in the *Program Requirements/Descriptions*

In addition to the above forms, a Program Proposal must also be submitted. See the separately published *Program Requirements/Descriptions* document for the Division you are applying to for procedures and forms needed to write your Program Proposal.

Agency attests that all items and documents checked above are complete and included in the proposal packet.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Proposers applying for **programs up for competitive, panel review** must submit all items in the above table (Introduction; Part 1, Agency Proposal; Part 2, Budget and Other Financial Information; along with the Program Proposal (see *Program Requirements/Descriptions* published separately).



## II. FINAL SUBMISSION

After completion of the proposal review and upon receiving notice of a contract award, funded agencies are required to submit the following updated proposal items (if nothing has changed from initial submission, re-date and resubmit):

Item #	Item Description
2	Proposal Summary Sheet
8	Insurance Certificate
17	IRS Form 990 For Non-Profit Agencies
19	Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6-6H
30	Current Direct Service Provider/Indirect Staff Roster

Final submissions are due by 4:00 p.m., December 8, 2015, and must be emailed to:  
[dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov)

## III. SUBMISSIONS FOR AGENCIES CURRENTLY IN A MULTI-YEAR CYCLE

All agencies with programs that are currently in the second or third year of a multi-year contract cycle (do not require a competitive, panel review), **must** submit **all** the items listed above under FINAL SUBMISSION, **plus** the Authorization To File\* (Item 3), Emergency Management Plan (found in the *Program Requirements/Description* document), **plus** any other items that have changed from the previous contract year (e.g., change in Board of Directors, change in Personnel Roster, etc.). Submittal items must be sent in the formats and on paper/media as stated in **Preparing and Submitting Proposals** in Section 2.

\*Must be completed specifically for each contract year.

Submissions from all agencies must be received by the DHHS **no later than 4:00 p.m. CDT on Tuesday, September 8, 2015**. DHHS may allow proposers to modify, correct or remove any deviations and exceptions after the proposal due date if deemed to be in the best interest of DHHS, or may reject and proposed deviations exception, or objections and deem the proposal to be nonresponsive.

**SAMPLE COVER LETTER**

ITEM # 1

(ON PROPOSER LETTERHEAD)

DATE:

Mr. Héctor Colón, Director  
Milwaukee County Department of Health and Human Services  
1220 West Vliet Street, Room 301R  
Milwaukee, WI 53205

Dear Mr. Colón:

I am familiar with the *"Year 2016 Purchase of Service Guidelines: Program and Technical Requirements"* set forth by the Milwaukee County Department of Health and Human Services and am submitting the attached proposal which, to the best of my knowledge, is a true and complete representation of the requested materials.

Sincerely,

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2016 PROPOSAL SUMMARY SHEET

ITEM # 2

Agency \_\_\_\_\_ Agency Director \_\_\_\_\_

Name of parent company and/or affiliated enterprises if agency is a subsidiary and/or affiliate of another business entity \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Person \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Agency Fiscal Period \_\_\_\_\_ Federal ID Number \_\_\_\_\_  
(Mo/Day/Year to Mo/Day/Year)

Please complete the following information for each 2016 program proposed in your proposal. Program name, and if applicable, a program number must be assigned to each program. This proposal must include programs from only one division. In order to apply for programs from more than one division, a separate, complete proposal must be submitted for each division.

Division: DCSD \_\_\_\_\_ DSD \_\_\_\_\_ MSD \_\_\_\_\_ Housing \_\_\_\_\_

(REFER TO TABLE OF CONTENTS IN PROGRAM REQUIREMENTS FOR PROGRAM NUMBER & NAME)

A. Program Number: \_\_\_\_\_ Program Name: \_\_\_\_\_  
Continuation \_\_\_\_\_ New \_\_\_\_\_

2015 Funding: \_\_\_\_\_ 2016 Request: \_\_\_\_\_

Site(s):

(1) \_\_\_\_\_ (3) \_\_\_\_\_  
(2) \_\_\_\_\_ (4) \_\_\_\_\_

THIS SHEET MUST BE ATTACHED TO THE TOP OF THE PROPOSAL PACKAGE.  
PLEASE DUPLICATE AS NEEDED. PLEASE USE A SEPARATE SHEET FOR EACH DHHS DIVISION FOR WHICH YOU ARE SUBMITTING PROPOSALS, AS WELL AS A SEPARATE SHEET FOR EACH PROGRAM WITHIN EACH DIVISION FOR WHICH YOU ARE APPLYING

**YEAR 2016 AUTHORIZATION TO FILE RESOLUTION**  
**(Applicable for Non-Profit and For-Profit Corporations Only)**

ITEM #3

**PLEASE NOTE:** Proposals cannot be recommended for funding to the Milwaukee County Board until the Authorization to File is completed and received by DHHS Contract Administration.

This is to certify that at the \_\_\_\_\_ (Date) meeting of the Board of Directors of \_\_\_\_\_ (Agency Name), the following resolution was introduced by \_\_\_\_\_ (Board Member's Name), and seconded by \_\_\_\_\_ (Board Member's Name), and unanimously approved by the Board:

BE IT RESOLVED, that the Board of Directors of \_\_\_\_\_ (Agency Name) hereby authorizes the filing of a proposal for the Year 2016 Milwaukee County Department of Health and Human Services (DHHS) funding.

In connection therewith,

\_\_\_\_\_ (Name and Title) and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to negotiate with DHHS staff.

In accordance with the Bylaws (Article \_\_\_\_, Section \_\_\_\_ ) of \_\_\_\_\_ (Agency Name), \_\_\_\_\_ (Name and Title) and \_\_\_\_\_ (Optional Name(s) and Title) is (are) authorized to sign the Year 2016 Purchase of Service Contract(s).

Name: \_\_\_\_\_ (Signature of the Secretary of the Board of Directors) Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

## YEAR 2016 AGENCY DESCRIPTION AND ASSURANCES

ITEM # 4

**Please check all the statements below that describe your business entity:**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership/Joint Venture       | <input type="checkbox"/> Service Corporation (SC)         |
| <input type="checkbox"/> For-Profit  | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Sole Proprietorship              |
| <input type="checkbox"/> Non-Profit  | <input type="checkbox"/> Single Member LLC               | <input type="checkbox"/> Individual Credentialed Provider |

**The agency has on file and agrees to make the following documents available for review upon request by DHHS.**

\_\_\_\_\_ Articles of Incorporation (*applicable for Corporations only*)

\_\_\_\_\_ Operating Agreement (*applicable for LLC only*)

\_\_\_\_\_ Bylaws (*applicable for Corporations only*)

\_\_\_\_\_ Personnel Policies

\_\_\_\_\_ A client grievance procedure informing clients covered under DHS 94 of their rights and identifying the process clients may use to enforce those rights. The procedure is in compliance with Wisconsin Statute §51.61 and Wisconsin Administrative Code DHS 94.

\_\_\_\_\_ Audit Hotline Policy (see item 18)

\_\_\_\_\_ Accounting Policies and Procedure Manual in compliance with General Accepted Accounting Principles (GAAP) and the Wisconsin Department of Health and Family Services (DHFS) allowable cost policies.

\_\_\_\_\_ Agency billing procedure, in compliance with DHS 1, regulating billing and collection activities for care and services provided by the agency and purchased by Milwaukee County.

\_\_\_\_\_ A 'whistleblower' policy and procedure that enables individuals to come forward with credible information on illegal practices or violations of organizational policies. This policy must specify that the organization will not retaliate against individuals who make such reports.

\_\_\_\_\_ A conflict of interest policy and procedure to ensure all conflicts of interest, or appearance thereof, within the agency and the Board of Directors (if applicable) are avoided or appropriately managed through disclosure, recusal, or other means. At a minimum, the policy should require full written disclosure of all potential conflicts of interest within the organization.

\_\_\_\_\_ A code of ethics policy, which outlines the practices and behaviors expected from trustees, staff, and volunteers. The code of ethics policy shall be adopted by the board and shall be disseminated to all affected groups as part of orientation and updated annually.

\_\_\_\_\_ An emergency policy, which outlines the policies and procedures to be prepared for an emergency such as a tornado, blizzard, electrical blackout, pandemic influenza, or other natural or man-made disaster. Provider shall develop a written plan, to be retained in the Provider's office, that addresses:

1. The steps Provider has taken or will be taking to prepare for an emergency;
2. Which, if any, of Provider's services will remain operational during an emergency;

3. The role of staff members during an emergency;
4. Provider's order of succession and emergency communications plan; and
5. How Provider will assist Participants/Service Recipients to individually prepare for an emergency.

Providers who offer case management or residential care for individuals with substantial cognitive, medical, or physical needs are actively encouraged to develop an individualized emergency preparedness plan and shall assure at-risk Participants/Service Recipients have been offered any assistance they might require to complete the plan.

\_\_\_\_\_ Occupancy Permit and/or other permits required by local municipalities, as applicable, for services being provided.

**Agency agrees to submit 2 original copies of a certified audit report, performed by an independent certified public accountant licensed to practice by the State of Wisconsin, in compliance with the audit requirements of the Purchase of Service Contract.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2016 BOARD OF DIRECTORS/AGENCY OWNERS/STOCKHOLDERS

### DEMOGRAPHY SUMMARY

ITEM # 5

Board members and staff must be able to serve a culturally diverse population in a manner that reflects culturally competent decision making and service delivery.

**Cultural Diversity** – *The presence of individuals and groups from different cultures. Cultural diversity in the workplace refers to the degree to which an organization, agency or other group is comprised of people from a variety of differing backgrounds related to behaviors, attitudes, practices, beliefs, values, and racial and ethnic identity.*

Ethnicity	Female	Male	Disabled
Asian or Pacific Islander			
Black			
Hispanic			
American Indian or Alaskan Native			
White			
Totals			

A "disabled individual" is defined pursuant to section 504 of the Rehabilitation Act of 1973 as any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities (e.g. caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working);
2. Has a record of such impairment, or;
3. Is regarded as having such impairment.

Ethnicity is defined as:

1. Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
2. Black: All persons having origins in any of the Black racial groups of Africa.
3. Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race. (Excludes Portugal, Spain, or other European countries).
4. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
5. White: All persons who are not Asian or Pacific Islander, Black, Hispanic, American Indian or Alaskan Native.

(Items 5, 6, & 7 partially comprise the points scored under Administrative Ability  
(Item 5 partially comprises the points scored under Cultural Diversity and Cultural Competence)

# **YEAR 2016 AGENCY OWNERS/STOCKHOLDERS/OFFICERS**

ITEM #6

(Applicable to all organizations)

Please list each agency owner, stockholder, officer, LLC manager, Partner, and/or LLC member, and indicate the office title and total compensation. For Non-profits this will include names of officers appointed by the Board (such as COO or CEO). In addition, for For-profit organizations also provide the percentage of ownership interest, amount of prior year's distributions or dividends from the agency during the prior year. Please note that only those stockholders holding twenty percent or greater interest must be listed. Volunteer board members with no ownership stake or compensation also need to be listed here. **This Item applies to both For-profit and Non-profit agencies.**

Name	Status	Office/ Title	Term (for Board memb er only)	Indepe ndent* (For non- profit Corpor ations only)	% Owner -ship (For profit Corpor ations only)	Amount of Distributi ons/ Dividend s (\$)	Total Compensatio n (\$)**	Resume Attache d*** (For all Board Member s Only)
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (nonprofit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only)							



	<input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							
	<input type="checkbox"/> Stockholder/Owner/LLC Member/ Partner (for profit only) <input type="checkbox"/> Officer/LLC Manager (for profit only) <input type="checkbox"/> Officer (non profit only) <input type="checkbox"/> Board Member (Corporations only)							

\* "Independent" board members include individuals (1) who are not compensated by the organization as an employee or independent contractor; (2) whose compensation is not determined by individuals who are compensated by the organization; (3) who do not receive, directly or indirectly, material financial benefits from the organization except as a member of the charitable class served by the organization; and (4) who are not related to (as a spouse, sibling, parent or child), or do not reside with, any individual described above.

\*\*Total Compensation should reflect amount reported on IRS Form W-2 and 1099.

\*\*\* The resume should include the board member's name, education and experience but should **exclude identifying information such as social security numbers, addresses, D.O.B and marital status.**

Are positions of Agency Head (e.g. President, Chief Executive Officer, Executive Director, etc.), Board Chair, and Treasurer held by separate individuals?

- ☐ Yes  
☐ No

If agency is a **non-profit** corporation with fewer than five board members, explain the rationale for the number of board members, and indicate what, if any, compensatory controls are in place to mitigate self-dealing and other potential abuses by the Board.

#### **Board Committees/ Advisory Committees**

Committee Name	Committee Purpose

**The Board of Directors' 2016 meetings for the agency will be held on the following dates:**

January	May	September
February	June	October
March	July	November
April	August	December

**Contractor agrees to retain Board of Directors' meeting minutes for a period of at least four (4) years following contract termination and agrees to provide Milwaukee DHHS access to the meeting minutes upon request.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## AGENCY ORGANIZATIONAL CHART

ITEM # 7

Submit an organizational chart of the agency detailing each major department or program.

## INSURANCE

No Certification Required ITEM # 8

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees, board, or volunteers. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability (**which includes board, staff, and volunteers**), Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Agreement is required for all agency vehicles (owned, non-owned, and/or hired). **If any employees or other service providers of the Contractor will use their personal vehicles for any purpose related to the provision of services under this proposal, those employees or other service providers shall have Automobile Liability Insurance providing the same liability limits as required of the Contractor through any combination of employee Automobile Liability and employer Automobile or General Liability Insurance which in the aggregate provides liability coverage, while employee is acting as agent of employer, on the employee's vehicle in the same amount as required of the Contractor.**

If the services provided under the contract **constitute professional services, Contractor shall maintain Professional Liability coverage as listed below.** Treatment providers including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Agreement.

TYPE OF COVERAGE	MINIMUM LIMITS
<b><u>Wisconsin Workers' Compensation</u></b> or Proof of all States Coverage	Statutory
<b><u>Employer's Liability</u></b>	\$100,000/\$500,000/\$100,000
<b><u>Commercial General and/or Business Owner's Liability</u></b> Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence \$1,000,000 - General Aggregate

**Automobile Liability**

Bodily Injury & Property Damage \$1,000,000 Per Accident  
All Autos - Owned, Non-Owned and/or Hired  
Uninsured Motorists Per Wisconsin Requirements  
And/or,

**Umbrella/Excess Liability** \$1,000,000 Per Occurrence  
\$1,000,000 Aggregate

Uninsured Motorists Per Wisconsin Requirements

**Professional Liability**

To include Certified/Licensed Mental Health  
and \$1,000,000 Per Occurrence  
AODA Clinics and Providers \$3,000,000 Annual Aggregate  
and  
Hospital, Licensed Physician or any other As required by State Statute  
qualified healthcare provider under Sect 655 Wisconsin Patient Compensation Fund  
Statute

Any non-qualified Provider under Sec 655 \$1,000,000 Per Occurrence/Claim  
Wisconsin Patient Compensation Fund Statute \$3,000,000 Annual Aggregate  
State of Wisconsin (indicate if Claims Made  
or Occurrence)

Other Licensed Professionals \$1,000,000 Per Occurrence  
\$1,000,000 Annual aggregate or  
Statutory limits whichever is higher

---

Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well.

**Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an “additional insured” endorsement, for general liability, automobile insurance, and umbrella/excess insurance.** Milwaukee County must be afforded a thirty day (30) written notice of cancellation, or a non-renewal disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

Workers Compensation coverage is required for all Contractors, regardless of organizational structure or size (includes one-employee providers as well as Contractors composed solely of independent contractors). **A Waiver of Subrogation for Workers’ Compensation by endorsement in favor of Milwaukee County is also required. A copy of the endorsement shall be provided to DHHS.**

**Contractor shall furnish Purchaser annually on or before the date of renewal, evidence of a Certificate** indicating the above coverages (with the Milwaukee County Contract Administrator named as the “Certificate Holder”) shall be submitted for review

and approval by Purchaser throughout the duration of this Agreement. If said Certificate of Insurance is issued by the insurance agent, it is Provider's responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

CERTIFICATE HOLDER

Milwaukee County Department of Health and Human Services  
Contract Administrator  
1220 W. Vliet Street  
Milwaukee, WI 53205

If Contractor's insurance is underwritten on a Claims-Made basis, the Retroactive date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that *professional malpractice or errors and omissions coverage, if the services being provided are professional services* coverage is Claims-Made and indicate the Retroactive Date, Provider shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement.

It is also agreed that on Claims-Made policies, either Contractor or County may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by Provider.

Binders are acceptable preliminarily during the provider application process to evidence compliance with the insurance requirements. All coverages shall be placed with an insurance company approved by the State of Wisconsin and rated "A" per Best's Key Rating Guide. Additional information as to policy form, retroactive date, discovery provisions and applicable retentions, shall be submitted to Purchaser, if requested, to obtain approval of insurance requirements.

Any deviations, including use of purchasing groups, risk retention groups, etc., or requests for waiver from the above requirements shall be submitted in writing to the Milwaukee County Risk Manager for approval prior to the commencement of activities under this Agreement:

Milwaukee County Risk Manager  
Milwaukee County Courthouse – Room 302  
901 North Ninth Street  
Milwaukee, WI 53233

## YEAR 2016 RELATED PARTY DISCLOSURES

ITEM # 9

### **Milwaukee County Employee**

Submit a list of any Milwaukee County employee, or former County employee to whom your agency paid a wage, salary, or independent contractor fee during the preceding three-year period. Include payments made during 2013, 2014, and 2015 to any person who was at the time of payment, also employed by Milwaukee County.

Employee	2013 Wages	2014 Wages	2015 Wages

☐ **No employment relationship with current or former Milwaukee County employees (within 3 years) exists.**

### **Related Party Relationships**

The agency rents from or contracts with a person who has ownership or employment interest in the agency; serves on the Board of Directors; or is a member of the immediate family of an owner, officer, employee, or board member? ☐ Yes ☐ No

**If such a relationship exists, submit a copy of lease agreements, certified appraisals, and contract agreements, etc.**

Submit a full disclosure of the relationship, including the extent of interest and amount of estimated income anticipated from each source, for each individual if any board member, stockholder, owner, officer, or member of the immediate family of any board member, stockholder, owner or officer, holds interest in firms or serves on the board from which materials or services are purchased by the agency, its subsidiaries, or affiliates. "Immediate family" means an individual's spouse or an individual's relative by marriage, lineal descent, or adoption who receives, directly or indirectly, more than one-half of his/her support directly from the individual or from whom the individual receives, directly or indirectly, more than one-half of his/her support.

Name	Relationship	% or Estimated Income

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

**FORM 2C - YEAR 2016 EMPLOYEE HOURS - RELATED ORGANIZATION DISCLOSURE**

ITEM # 10

For each employee of your agency who works for more than one related organization which may or may not be under contract to Milwaukee County, the total number of weekly hours scheduled for each affiliated corporate or business enterprise must be accounted for by program/activity.

“Related Organization” is defined as an organization with a board, management, and/or ownership which is (are) shared with the Proposer organization.

Employee Name	Related Organization/ Employer	Program/Activity	Total Weekly Hours

Please check the statement below, sign and date the form if the above condition does not exist.

\_\_\_\_\_ No employee of the agency works for more than one related organization that may or may not be under contract to Milwaukee County.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## YEAR 2016 CONFLICTS OF INTEREST AND PROHIBITED PRACTICES

ITEM # 11

### **Interest in Contract**

No officer, employee or agent of the County who exercises any functions or responsibilities with carrying out any services or requirements to which this contract pertains has any personal interest, direct or indirect, in this contract.

### **Interest of Other Public Officials**

No member of the governing body of a locality, County or State and no other public official of such locality, County or State who exercises any functions or responsibilities in the review or approval of the carrying out of this contract has any personal interest, direct or indirect, in this contract.

Contractor covenants s/he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services under this contract. Any conflict of interest on the part of the Contractor will be disclosed to the County. In the event Contractor has a conflict of interest that does not permit Contractor to perform the services under the contract with respect to any client or recipient, Contractor will notify the County and will provide the County with all records and reports relating to same.

### **Prohibited Practices**

Contractor attests that it is familiar with Milwaukee County's Code of Ethics, Chapter 9 of Milwaukee County Code of General Ordinances, which states in part, "No person may offer to give any County officer or employee or his immediate family, or no County officer or employee or his immediate family may solicit or receive anything of value pursuant to an understanding that such officer's or employee's vote, official action, or judgment would be influenced thereby."

Said chapter further states, "No person(s) with a personal financial interest in the approval or denial of a contract being considered by a County department or with an agency funded and regulated by a County department, may make a campaign contribution to any candidate for an elected County office that has final authority during its consideration. Contract considerations shall begin when a contract is submitted directly to a County department or to an agency until the contract has reached its final disposition, including adoption, county executive action, proceedings on veto (if necessary) or departmental approval."

Where Agency intends to meet its obligations under this or any part of this RFP through a subcontract with another entity, Agency shall first obtain the written permission of County; and further, Agency shall ensure it requires of its subcontractors the same obligations incurred by Agency under this RFP.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_



In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL BIDDER or CONTRACTOR or LESSEE or (Other-specify),(Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

**Non-Discrimination**

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

**Affirmative Action Program**

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and disabled persons and other protected groups, at all levels of employment in all divisions of the vendor's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the afore stated requirements, it shall be his responsibility to show that he has met all such requirements.

**Non-Segregated Facilities**

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

**Subcontractors**

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and non segregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

**Reporting Requirement**

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

**Affirmative Action Plan**

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Paul Grant, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street 9<sup>th</sup> Floor, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following: The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4292].

If a current plan has been filed, indicate where filed \_\_\_\_\_ and the years covered \_\_\_\_\_.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

**Employees**

VENDOR certifies that it has \_\_\_\_\_ (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

**Compliance**

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by: Firm Name \_\_\_\_\_

By \_\_\_\_\_ Address \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_ City/State/Zip \_\_\_\_\_

## YEAR 2016 EQUAL OPPORTUNITY POLICY

ITEM # 13

\_\_\_\_\_ is in compliance with the equal opportunity policy and standards of all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

### **EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of race, religion, color, national origin or ancestry, age, sex, sexual orientation, gender identity and gender expression, disability, marital status, family status, lawful source of income, or status as a victim of domestic abuse, sexual assault or stalking, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

\_\_\_\_\_ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

### **SERVICE DELIVERY - CIVIL RIGHTS**

It is the official policy of \_\_\_\_\_ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. \_\_\_\_\_

\_\_\_\_\_ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of \_\_\_\_\_ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, \_\_\_\_\_ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms. /Mr. \_\_\_\_\_.

Ms. /Mr. \_\_\_\_\_ may be reached during week days at \_\_\_\_\_.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

---

(Director or Chief Officer)

(Title)

(Date)

**This Policy Statement shall be posted in a conspicuous location.**

## **Audit Services Division Fraud Hotline**

ITEM # 14

Milwaukee County has set up the Audit Services Division Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County's resolution states, in part,

"all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Audit Services Division Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Audit Services Division has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement"

A Hotline bulletin is attached (See flyer under Appendices). Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization.

This certifies that the copies of Audit Hotline poster will be posted at prominent locations within our organization upon effective date of awarded contract.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

ITEM # 15

### **CERTIFICATION STATEMENT**

### **DEBARMENT AND SUSPENSION**

The Proposer certifies to the best of its knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## ADDITIONAL DISCLOSURES/CERTIFICATIONS

ITEM # 16

1. Has your organization or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your Company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation outlining the following:

- Date of citation or violation
- Description of violation
- Parties involved
- Current status of citation

3. Within the past 5 years has your organization had any reported findings on an annual independent audit?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation.

4. Within the past 5 years, has your organization been required to submit a corrective action plan by virtue of review or audit by independent auditor, or any governmental agency or purchaser of services?

☐ Yes ☐ No If yes, on a separate page please provide a detailed explanation including if the corrective action has been accepted by the purchasing agency and completely implemented? If not, please explain remaining action required by purchasing agency.

5. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

☐ Yes ☐ No If yes, on a separate page, please provide a detailed explanation.

6. Indemnity/Insurance

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless, the County and its agents, officers and employees, from and against all loss or expense including costs and attorney's fees by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act

or omission of the Contractor, or its (their) agents which may arise out of or are connected with the activities covered by this agreement.

Contractor shall indemnify and save County harmless from any award of damages and costs against County for any action based on U.S. patent or copyright infringement regarding computer programs involved in the performance of the tasks and services covered by this agreement.

7. Provision for Data and Information Systems Compliance

Contractor shall utilize computer applications in compliance with County standards in maintaining program data related to the contract, or bear full responsibility for the cost of converting program data into formats useable by County applications. All Contractors shall have internet access, an email address, and shall utilize Microsoft Excel 2000 or newer, or shall use applications which are exportable/convertible to Excel.

8. Health Insurance Portability and Accountability Act

The contractor agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the contractor provides or purchases with funds provided under this contract.

9. Compliance with Background Checks

Contractor agrees to comply with requirements to submit Caregiver Background Checks to DHHS Contract Administration prior to any new employees/contractors beginning service. Contractor has read and understands the CBC policy available at: <http://county.milwaukee.gov/ContractMgt15483.htm>

10. Program Evaluations

Contractor agrees to provide an annual Program Evaluation based on the Program Logic Model submitted in the Program Proposal, due each year on August 1 for the preceding 12 month period (or 6 months for new contractors). Evaluations for certain programs such as Birth to 3 (Disabilities Services) are due semiannually on January 31 and August 1. Programs paid with a Performance Based reimbursement system have a separate requirement for submittal of specific evaluation measures that incentives are linked to (at an interval to be determined by the program), along with the annual evaluation requirement for all measures.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## Disadvantaged Business Development Goals

Milwaukee County has established overall participation goals on the purchase of goods and services, and construction services utilized in County procurements with Disadvantaged Business Enterprise (DBE) certified firms, in accordance with Chapter 42 of the Milwaukee County Code of General Ordinances.

While these funding opportunities do not have a specific participation goal, all respondents to this solicitation are hereby directed to use active and aggressive efforts to assist Milwaukee County in meeting or exceeding its overall annual **goal of 17% participation of DBE firms on County service procurements and contracts**, not related to construction. The directory of certified firms, and further assistance with this initiative, can be obtained by contacting the Community Business Development Partners Department of Milwaukee County (CBDP) at (414) 278-4851, or [cbdpcompliance@milwaukeecountywi.gov](mailto:cbdpcompliance@milwaukeecountywi.gov).

The directory of DBE firms currently certified in the State of Wisconsin can be found at:  
<http://wisconsindot.gov/Pages/doing-bus/civil-rights/dbe/certified-firms.aspx>

**SECTION 4, PART 2: BUDGET AND OTHER FINANCIAL INFORMATION**  
**INSTRUCTIONS and FORMS**



## **IRS FORM 990**

ITEM # 17

Organizations exempt from income tax under Section 501(c) of the Internal Revenue Code are required to submit the most recent copy of their Internal Revenue Service (IRS) Form 990 with their corresponding CPA audit report.

Note: This does not apply to new agencies that have never filed IRS Form 990

## **CERTIFIED AUDIT/BOARD APPROVED FINANCIAL STATEMENT**

ITEM # 18

Agencies not under contract with the DHHS should submit a copy of the agency's prior year certified audit or the most recent Board of Directors approved financial statement if an audit has not been performed for that year.

For information on audit and invoicing requirements should a contract be awarded, see the [Audit and Reporting Requirements](http://county.milwaukee.gov/DHHS_bids) document available at: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids) .

## **BUDGET FORMS**

ITEM #19

**Item 19, forms 1 – 6H comprise the points scored under Budget Justification**

**All proposers must define a unit of service and calculate a cost per unit on Budget Form 1 regardless of the payment method expected to be identified in the final executed contract. Form 1 partially comprises the points scored under Budget Justification.**

**Forms 2 and 2A partially comprises the points scored under Staffing Plan**

**Form 2B partially comprises the points scored under Cultural Diversity and Cultural Competence**

Budget Forms 1, 2, 2A, 2B, 3, 3S, 4, 4S, 5, 5A, and 6 – 6H, are all linked with one another and are located at:

[http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids).

All Proposers must report unit details on Form 1. These forms must be used in the format provided, and completed according to the Instructions provided with the link forms under various tabs marked "Instructions". Any forms that have been altered may be rejected; the item may be considered an omission in the proposal and may be scored accordingly during the review process. DHHS may allow proposers to modify, or correct any errors or omissions after the proposal due date if deemed to be in the best interest of DHHS

**All Proposers in addition to submitting a hard copy, must submit budget forms electronically to [dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov) In the subject line indicate agency**

**name, contract division (DSD, DCSD, or Housing) and “2016 budget forms” e.g.**  
*XYZAgency-DSD-2016 Budgetforms.xls*

**SECTION 4, PART 3: OVERVIEW OF PROPOSAL REVIEW PROCESS**  
**PROPOSAL REVIEW AND SCORING CRITERIA**

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**REQUEST FOR PROPOSAL REVIEW PROCESS**

**I. Proposal Review Panel Selection and Representation**

**A. Proposal Review Panel Selection**

Proposals to provide services under a purchase contract for the Department of Health and Human Services shall be evaluated by panel members with familiarity and/or experience in the field of social/human services. Panel members and their immediate families (Spouse, Parent, Child, Sibling or Significant Other) may not have any familial, official, board member, employment, fiduciary or contractual relationships with organizations currently funded by Milwaukee County in the program area for which the Proposer has applied, or hold any ownership, contractual or employment interests in the Proposer or its subsidiaries under consideration. At the discretion of DHHS division administrators, respective program, quality assurance and contract administration staff will serve on review panels. Staff will not comprise the majority of panel members. Outside panel members will be selected from various sources including the following:

- community volunteers and representatives;
- representatives of professional and educational organizations;
- representatives of community councils and advocacy organizations.

Recommendations of persons to serve on proposal review panels are welcome from appropriate governmental entities, i.e., Community Business Development Partners, etc.

**B. Proposal Review Panel Representation**

Panel representation to review proposals submitted for contract recommendations shall include:

- minority and culturally diverse representation;
- consumer / service recipient representation or their guardians, if applicable.

The primary role of Department of Health and Human Services program division staff shall be to serve in a consulting capacity to panel members. Respective division or DHHS Contract Administration staff shall convene the panel at a specific time and place to discuss the review process in a group setting, and, following the review, to finalize the proposal ratings prior to averaging the scores. Milwaukee County DHHS staff, as consultants, may provide responses to program and procedural information including:

- past performance of a Proposer;
- findings from department's site reviews or audit findings of any other federal, state, or local governmental entity;
- Proposer's problem solving and responsiveness and timeliness to issues;
- program knowledge;

- program needs; and,
  - program outcomes, performance benchmarks and performance reviews.
- Using the established review criteria, representatives participating on a review panel will score each proposal independently on a preliminary basis, with the final proposal analysis reporting an average score of the proposal.

1. Panel representation for **more than one proposal** submitted to provide the same program or service for the DHHS will include a **minimum of two members**. The panel shall be comprised of as broad a base of community, minority and culturally diverse, consumer/service recipient representation as possible. Based on the discretion of division administrative staff, or on program factors, number of proposals submitted, and minority and culturally diverse representation, etc., panels may be comprised of more than two members including division program or quality assurance staff, and/or DHHS Contract Administration staff. Milwaukee County DHHS staff will not comprise the majority of panel members.
2. Panel representation when only one proposal is submitted to provide a particular program or service may be reviewed and scored by one member. If only one proposal is received, and the proposer is not an incumbent agency, the panel may be comprised of one member.
3. Alternately, if only one proposal is received and the proposer is an incumbent agency that is the current provider of the program services for which proposals are being requested, DHHS may not convene a panel to score the proposal; however, DHHS staff may review the proposal to verify that the proposal meets all specified requirements. This verification may include requesting reports on the Proposer's financial stability, and reviewing results of past awards to the Proposer by Milwaukee County DHHS and/ or other funders. Continued funding for DHHS programs is contingent upon the availability of funds, a satisfactory continuation funding submission (Partial Submission), acceptable program performance, fulfilling required match, if any, review of the program by the applicable division at the end of each contract period, and the respective division administrator's discretion.
4. Though there is not a competitive review process for programs and services purchased by the DHHS on a multi-year funding cycle or designated provider agencies, the agencies submitting proposals for all divisions are required to submit proposal items identified in the Purchase of Service Guidelines: *Technical Requirements*. Program, quality assurance and/or Contract Administration staff will perform a screening of items submitted by agencies in this category.

## **II. General Guidelines**

- A. The role of the review panel is to rate proposals against the published scoring criteria. These ratings are forwarded to Division Administrators who may accept or dispute them. If a Division Administrator disputes a review and scoring panel's scoring, the panel shall be apprised of the item in dispute, the related

criterion and the basis for the dispute. The panel shall then be reconvened to discuss and evaluate the basis for the dispute and make a determination to uphold or modify their original rating based on any new information presented. Any alteration to the panel's scoring of a proposal shall be noted in the report to the Milwaukee County Board of Supervisors when a contract recommendation is made by the Division Administrator.

- B. The primary measure of the quality of the Proposer's proposal will be specific examples of successful previous experience which relates to the various items in the proposal. Successful previous experience will be measured and scored based on the current and recent County contract performance of Proposers, or, for new Proposers, current and recent non-County contract performance, or, for new organizations, the current and recent experience of senior staff at Proposer's agency.
- C. The review process may include verification of assertions made by the Proposer in the proposal, including but not limited to site visits, record review and interviews and reference checking. The County reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.
- D. Reviewers will score proposals against the published criteria, and will not consider non-published criteria.
- E. Criteria to be considered in evaluating proposals include the Proposer's ability to provide the proposed program, the Proposer's proposed program relative to that proposed by other Proposers, and the Proposer's proposed cost to provide the program or service compared to the cost proposed by other qualified Proposers.
- F. For omissions of requested items, Proposers will have scores reduced to 0 for any corresponding review line item, or for requested items which do not have an associated review line item, will receive a reduced score under the "Administrative Ability" section. However, omission of certain requested items may result in proposals not receiving any further consideration.
- G. Division Administrators may consider factors other than scoring in making contract recommendations.

### **III. Proposal Review and Scoring Criteria for ALL contract divisions**

The proposals will be reviewed by an evaluation committee(s) and scored against the criteria outlined in this RFP.

Technical Proposal scoring: The Evaluation Committee shall conduct its evaluation of the technical merit of the all proposer's responsive proposals. The process involves applying the evaluation criteria and the associated weighting as outlined in the RFP to assess each vendor's proposal. The criteria that will be used by the Evaluation Committee for the technical evaluation of this RFP are outlined below.

- A. **Administrative Ability - 12 percent.** The Proposer demonstrates evidence of administrative capacity to meet federal, state, county and creditor requirements, including timeliness of required submissions and payment of obligations. Proposer demonstrates an ability to provide timely and accurate monthly client and financial reports. Proposer demonstrates an ability to be responsive to crisis situations, including, but not limited to, variations in client referral volume and serving exceptional cases.

In scoring proposals, for agencies currently under contract with DHHS, reviewers will consider the on time and accuracy rate of Proposer in prior year's required submissions. For new Proposers, reviewers will consider the on time and accuracy rate of Proposer as described by the person providing the required Experience Assessment report (item 25c or 25d). Existing proposers will be rated on the most current evaluation report (item 29e). Additionally, in scoring proposals for Administrative Ability, reviewers will consider the accuracy and completeness of the proposal. Inaccurate or incomplete proposals will receive reduced scores.

In scoring Administrative Ability, reviewers will consider the size, structure, experience, and independence of the board of directors and officers.

The Proposer demonstrates comprehensive emergency preparedness. For full points, Proposer has an existing emergency management plan which includes all required elements, has been tested, and includes specific examples of memoranda of agreement or other formal arrangements for continuity of operations, client care, etc.

Administrative Ability will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**B. Budget Justification - 13 percent.** The budget effectively and efficiently supports the level of service, staffing, and the proposed program (scored elsewhere in Criterion G, Staffing Plan"). Additionally Cost Proposal scoring is one of the evaluation categories scored outside of the technical scoring and will be a defined percentage of the total RFP evaluation. Calculation of points to be awarded to lowest and each subsequent proposal will use the lowest dollar proposed amount, or lowest dollar unit rate, as a constant numerator and the dollar amount of the proposer being scored as the denominator. The result then is multiplied by the total number of points provided in the cost section of the RFP. The lowest cost proposal will receive the maximum number of points available for the cost category other cost proposals will receive prorated scores based on the proportion that the costs of the proposals vary from the lowest cost proposal. The evaluation committee's scoring will be tabulated and proposals ranked based on the total numerical scores, comprising the sum of both technical and cost scoring.

Budget Justification will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- C. **Cultural Diversity and Cultural Competence - 9 percent.** The program takes actions that show its commitment to the goals of cultural diversity and cultural competence in the workplace, including diversity in staffing practices and Board/committee composition as well as serving a culturally diverse population in a culturally competent manner.

In evaluating Cultural Diversity in proposals, reviewers will consider the representation of racial and cultural minorities in board and staff relative to the representation of racial and cultural minorities in the projected target population, as measured by data on forms Board of Directors, Owners, Stockholders Demographic Summary (Item 5), Client Characteristic Chart (Item 31) and Employee Demographics Summary (Form 2B, Item 19). For full points, Proposer must demonstrate a ratio of board and staff which is greater than or equal to the ratio of racial and cultural minorities in the projected target population. If Proposer receives less than full points for this item, one point will be added to the score if the Proposer can demonstrate proof of specific action(s) taken within the previous year geared toward increasing board or staff diversity. The action(s) taken must be supported with documentation.

In evaluating Cultural Competence in proposals, reviewers will consider the Proposer's proposed methods for developing and maintaining Cultural Competence as well as the Proposer's history of performance in this area. (Item 23) Proposer must provide specific examples of existing and/or proposed policies, procedures, and other practices, if any, which promote Cultural Competence. For full points, Proposer will have a history of promoting Cultural Competence. Examples of acceptable policies, procedures, and practices can include, but are not limited to: providing in service or other training, or involvement of consumers in policy-making, planning, service delivery, and/or evaluation.

Cultural Diversity and Cultural Competence will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

- D. **Previous Experience – 18 Percent.** The Proposer's experience demonstrates the ability to provide the proposed service to the target group. For Proposers without prior Milwaukee County experience, information will be gathered from Performance Assessments provided by the Proposer following a prescribed format. Documented non-performance or noncompliance under previous contracts will be taken into consideration.

In evaluating experience in proposals, reviewers will consider:

Past Service Experience with similar contracts. Similarity to be measured by looking at specific, detailed examples of **successful** current or recent contracts in terms of: 1) program volume, 2) target population, 3) dollar amount of contract, and 4) service mix. For full points, Proposer currently successfully operates a program which meets or exceeds these four criteria. In evaluating



“success” reviewers will consider the content of evaluation and other program reports, as well as Quality Assurance findings and corrective action plans, as applicable.

Previous Experience will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

**E. Outcomes and Quality Assurance – 13 Percent.**

For Proposers with a current or recent County contract, scoring will be based on compliance with submission deadline, required content and overall findings of program evaluation reports for most current contract period (item 25e). For new Proposers or Proposers without a current DHHS contract within the last two years, scores will be derived from item 25c or 25d as applicable.

Outcomes and Quality Assurance will also be scored based on reviewers’ prior experience with Proposer, if applicable relating to these criteria.

**F. Service Plan and Delivery – 23 Percent.**

Review and scoring and scoring of the Service Delivery Plan will consider its:

- Consistency with program objectives as defined by DHHS in the Year 2016 Purchase of Service Guidelines *Program Requirements/Descriptions* and the contract agency.
- Rationale and theories supporting the program activities. Proposers should use research or other evidence-based support for their program model.

There is a performance improvement plan, which includes measurement of outcomes, and demonstrated use of performance information to improve services and program management. For full points, Proposer must describe service delivery in terms of inputs, processes, outputs, and outcomes, and indicators as described in Items 25a and b.

The agency mission statement (item 21) is shown to be consistent with the Division’s or program’s mission, values or goals.

Agency either owns service site or has a current lease which expires no earlier than the ending date of the current contract period.

Service Delivery Plan will also be scored based on reviewers’ prior experience, if applicable, with Proposer relating to these criteria.

**G. Staffing Plan – 12 Percent.** The Proposer demonstrates an ability to provide effective staffing and agency oversight, including board review and direct service staff supervision. Staffing levels are adequate, and staff is adequately compensated. Staff are licensed and certified as appropriate, or meet other required qualifications. Direct service staff is appropriately experienced. Proposer’s turnover rate of direct service staff and training for direct service staff will be compared and ranked against the other Proposers’ proposals.

Compensation of lowest paid staff will be compared and ranked against the other Proposers' proposals.

Proposer must include average years of experience and turnover rate for direct service staff. For new agencies without a prior contracting history of any kind, Proposer must indicate the required years of experience for direct service staff proposed for the program. Proposer must indicate what type of training is available to staff, including in-service training, tuition reimbursement (if applicable) benefits and utilization, and other training activities such as conference attendance, etc. For full points, Proposer must indicate the specific type and quantity of training available and utilized by direct service staff during the previous year, and the type and quantity is appropriate.

Staffing Plan will also be scored based on reviewers' prior experience, if applicable, with Proposer relating to these criteria.

**TOTAL SCORE                      100 Percent**

**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 5:**

**FORMS**

## 5. FORMS

- Rate Sheet (if applicable-see Program Requirements)
- All other required forms have been included in the respective sections of this RFP, except linked budget forms, which are available for download from the Contract Administration website at: [http://county.milwaukee.gov/DHHS\\_bids](http://county.milwaukee.gov/DHHS_bids)

RATE SHEET

Service: \_\_\_\_\_

Proposer must submit a rate for Billable Services (ONLY if required in the *Program Requirements/Descriptions* portion of the RFP document)

Service	Unit of Service (per Hour, Per 15 min, Per Client etc)	Cost per Unit	Comments (if any)

\_\_\_\_\_  
Authorized Signature:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Company:

\_\_\_\_\_  
Date:

**DELINQUENCY AND COURT SERVICES DIVISION  
DISABILITIES SERVICES DIVISION  
HOUSING DIVISION**

**SECTION 6:  
APPENDICES**

## **6. APPENDICES**

- Milwaukee County Audit Services Division Fraud Hotline
- Designation of Confidential and Proprietary Information
- Statement of Deviations and Exceptions



## MILWAUKEE COUNTY GOVERNMENT

# H O T L I N E

**Ph: (414) 93-FRAUD – Fax: (414) 223-1895  
(933-7283)**

**Write: Audit Hotline- 2711 W. Wells St., 9<sup>th</sup> Floor, Milwaukee, WI 53208**  
**Website: [my.execpc.com/~milcoaud](http://my.execpc.com/~milcoaud)**

**A service of the Milwaukee County Comptroller's Office**

**For Reporting:**

- **Incidents of fraud or waste in County government**
- **Concerns over inefficient Milwaukee County government operations**

**CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES**

**----- Other Numbers -----**

**Milwaukee County:**

**Aging - Elder Abuse Helpline 414-289-6874**

**Child Support - TIPS Hotline  
(Turn in Parents for Support) 414-278-5222**

**District Attorney –  
Consumer Fraud Unit 414-278-4646  
Public Integrity Unit 414-278-4645**

**Mental Health  
Crisis Hotline 414-257-7222  
Crisis Hotline (TTY/TDD) 414-257-6300**

**City of Milwaukee:**

**Fraud Hotline 414-286-3440**

**Sheriff's Department –**

**Community Against Pushers 414-273-2020**  
(Anonymous Drug Reporting)

**Guns Hotline 414-278-4867**

**State of Wisconsin:**

**Child Abuse or Neglect Referrals 414-220-7233**

**DOJ Consumer Protection Unit 1-800-998-0700**

**Wisconsin W-2 Fraud Hotline 1-877-865-3432**

**Wisconsin Child Care Fraud 1-877-302-3728**

**Legislative Audit Bureau Hotline 1-877-372-8317**

**Federal:**

**Medicare Fraud 1-800-447-8477**

**Social Security Fraud 1-800-269-0271**

**Federal Funds Fraud (FraudNet) 1-800-424-5454**

(7/2/12)



## DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

Please insert this form after the cover letter in your submission

The attached material submitted in response to the 2016 RFP includes proprietary and confidential information, which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats. or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this proposal response be treated as confidential material and not be released without our written approval.

### **Prices always become public information when proposals are open, and therefore cannot be kept confidential.**

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released:

Section	Page #	Topic
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IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY'S AGREEMENT TO WITHOLD THE MATERIALS.

Failure to include this form in the RFP may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name \_\_\_\_\_

Authorized Representative \_\_\_\_\_  
Signature

Authorized Representative \_\_\_\_\_  
Type or Print

Date \_\_\_\_\_

## STATEMENT OF DEVIATIONS AND EXCEPTIONS

Proposer(s) has reviewed the RFP and other Requirements in their entirety and has the following exceptions and deviations, or objections:

(Please list your exceptions, deviations, or objections by indicating the section or paragraph number, and page number, as applicable. If none, state "None." Deviations and exceptions from original text, terms, conditions, or specifications shall be described fully. Be specific about your objections to content, language, or omissions. Add as many pages as required. Please insert this form after the cover letter in your submission.) DHHS may allow proposers to modify, correct or remove any deviations and exceptions after the proposal due date if deemed to be in the best interest of DHHS, or reject proposed deviations and exceptions and deem the Proposer's proposal to be nonresponsive.

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Name of Authorized Representative

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Title

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Signature of Authorized Representative

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Date